

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 10 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078079

1. Corporation Name

QUALITY MEDICAL TRANSCRIPTION SERVICES, INC.

Principal Place of Business

2065 PIMLICO PLACE
ORANGE PARK FL 32073

Mailing Address

2065 PIMLICO PLACE
ORANGE PARK FL 32073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1996

5. FEI Number

59-3408195

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GRUNIK, PATRICIA A	2065 PIMLICO PLACE	ORANGE PARK FL 32073
D	GRUNIK, MICHAEL B	2065 PIMLICO PLACE	ORANGE PARK FL 32073

500002344915--5
-11/12/97--01087--016
****165.00 ****165.00

8. Name and Address of Current Registered Agent

HORNE, JAMES W
676 WELLS RD, SUITE B
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2301 PARK AVENUE

Suite/Apt. #, Etc.

402

City

ORANGE PARK

State

FL

Zip Code

32073

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James W. Horne

REGISTERED AGENT MUST SIGN

Date

10/28/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Patricia A. Grunik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97

Date

904-272-1105

Daytime Phone #

CR2E040 (8/97)

Quality Medical Transcription, Inc.

October 28, 1997

Mr. Gene McGee
Florida Dept of State
PL-02 The Capitol
Tallahassee, FL 32399-0250

RE: Corporation annual report filing

Dear Mr. McGee:

Please be advised that my company did not receive the first notice of my corporation annual report filing. Therefore, I respectfully request that the penalties in this instance be waved.

Enclosed please find my completed re-instatement application and a check in the amount of \$165.00.

I appreciate your assistance in this matter.

Respectfully,

Patricia A. Grunik

Patricia A. Grunik, CMT
Quality Medical Transcription, Inc.
EIN 59-3408195

enc